

# 2003 IPAS Annual Report

## A MESSAGE FROM THE EXECUTIVE DIRECTOR,

IPAS continued its work to advocate for people with disabilities in 2003. We received more than 3,000 inquiries for information and referral during the year. These inquiries make it clear that even though our country's laws state equal treatment for all people—a different scenario often occurs.

IPAS staff spoke to more than 9,000 people at training, presentation and awareness events. The IPAS Web site also recorded a record number of 456,152 visits. And, the IMPACT newsletter was distributed three times in 2003.

Our staff also was active in advocacy for people with disabilities on a variety of disability-related legal issues, such as the Health Insurance Portability and Accountability Act (HIPAA) as well as the Help America Vote Act (HAVA).

In 2003 grants awarded to IPAS were dispersed to the different programs as follows: PADD \$750,933, PAIMI \$424,928, PAIR \$251,293, CAP \$103,207, PABSS \$51,480, and PAAT \$78,761.

Two new programs were adopted by IPAS in 2003. Protection and Advocacy for Traumatic Brain Injury (PATBI) and Protection and Advocacy for Voting Accessibility (PAVA); these programs will build on our already strong foundation of programs and services.

As we reflect on a successful year, we are excited about the future of IPAS.

IPAS is undergoing a new outreach campaign to better serve our customers. As part of the outreach efforts we have updated our organization's identity. This issue of IMPACT showcases our new logo and visual identity. Our logo reflects IPAS as a powerful, guiding organization for the state of Indiana.



The new agency brochure will give our customers information on all services available through IPAS. We want to make sure the general public has an easy time navigating through all of the programs and services they may need. The new IPAS brochure embraces the look and feel of our new visual identity. The agency brochure will be available in the summer of 2004.

IPAS developed a new online survey to make it simple and quick for our customers to give us feedback about our IMPACT newsletter. We encourage all of readers to let us know if the information you find in this and future editions of IMPACT is informative. To access the survey, visit [www.ipassurvey.com](http://www.ipassurvey.com). The anonymous survey will help us tailor IMPACT to better meet the needs of our readers.

IPAS is working to better reach our multicultural customers as well. We have identified civil rights groups, health organizations and service providers that serve multicultural needs. We are in the process of compiling a list of meetings and engagements for IPAS staff to spend one-on-one time with our multicultural community.

In 2004, we will continue to look for opportunities to reach our customers and empower individuals with disabilities to protect and defend their rights.

-Tom Gallagher

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## MISSION STATEMENT

To protect and promote the rights of individuals with disabilities, through empowerment and advocacy.

## WHAT OUR CLIENTS ARE SAYING...

“[I] was very informed on the different resources available to me. Information promised was sent out very quickly. Thanks for the help!”

“I was quite pleased with the response and advice.”

“Top notch—identified and solved my problem quickly and with great courtesy.”

“I requested some forms and received them promptly!”

“Very impressed—thank you!”

IPAS is deeply saddened to announce the passing of Debra Thomas, an IPAS Advocacy Specialist for the northwest region of Indiana. She had a long history working with and advocating for the rights of individuals with disabilities. She was passionate about her role as an advocate and demonstrated compassion and empathy for those that she served. Debra will be greatly missed by both staff members and those individuals that she helped.

## BY THE NUMBERS

Total requests for information and referral.....	3360
Total individuals served .....	698
Total speaking events (awareness, presentations and training events attended by staff) .....	122
Total number of people reached at speaking engagements .....	9501
Web site hits.....	456,152

## DEMOGRAPHICS FOR 2003

### GENDER

Female.....	270
Male .....	428

### ETHNICITY/RACIAL BACKGROUND

Asian .....	5
Black .....	109
Hispanic .....	16
Multi-cultural .....	4
Native American .....	1
White.....	560
Unknown.....	3

### DISABILITY

Absence of extremities .....	3
AIDS/HIV positive .....	1
Alcoholism and other substance abuse.....	2
Autism.....	25
Blindness and other visual impairments.....	29
Cancer .....	2
Cerebral palsy .....	29
Cystic fibrosis .....	1
Deaf/blindness.....	7
Deafness and other hearing impairments .....	15
Diabetes and other endocrine disorders.....	2
Digestive disorders .....	2
Epilepsy.....	5
Genitourinary disorders .....	3
Heart & circulatory disorders, including stroke .....	8
Learning disability and ADD/ADHD .....	55
Mental illness.....	199
Other emotional/behavioral impairments .....	20
Mental retardation.....	172
Multiple sclerosis.....	7
Muscular dystrophy .....	8
Muscular/skeletal impairments .....	12

# Across the Agency

## OUTREACH EFFORTS

Last year, IPAS staff attended 122 awareness events, presentations and training seminars and presented to 9,501 individuals. IPAS presented at conferences such as the Fair Housing Summit, The Partners in Justice IV Conference, and the statewide Transition Conference.

IPAS is committed to providing outreach to underserved individuals with disabilities, including outreach concerning disability rights issues, IPAS services and successes.

This year's priorities emphasized outreach to Indiana's minorities.

IPAS worked with the Miami Nation of Indians of the state of Indiana to display general agency materials within its resource center. Also in 2003, IPAS began conducting phone calls with representatives of the Delaware Indians, Mounds State Park, Lebanon Pow Wow, and the Indian reservation in Angola to explore additional outreach efforts for these groups.

IPAS is building a relationship with the Urban League in an attempt to create a partnership that will generate awareness of IPAS services within the African-American community.

Outreach efforts targeting the African-American communities focused on extending information to neighborhood community centers and neighborhood partners. Outreach materials also were provided for distribution at the Indiana Black Expo.

IPAS worked with El Centro Hispano/The Hispanic Center to discuss the services IPAS can provide within the Latino community. IPAS provided the Hispanic Center with 100 agency brochures in Spanish and 100 brochures in English to distribute.

IPAS worked with WIIH-TV to produce a Spanish version of the IPAS PSA for the Hispanic population in Indianapolis and the surrounding communities.

Additionally, a 500-word article about IPAS and its services was translated into Spanish and submitted to three Latino publications.

Additional outreach efforts went to the Amish Community in northern Indiana.

## PROTECTION AND ADVOCACY FOR TRAUMATIC BRAIN INJURY

Indiana Protection and Advocacy Services is pleased to announce the addition of a seventh grant program, Protection and Advocacy for Traumatic Brain Injury (PATBI.) This grant from the Maternal and Child Health Bureau of the Health Resources and Services Administration allows IPAS to expand service already being provided to individuals with traumatic brain injury under other grant programs.

PATBI funds will allow IPAS to assist the Brain Injury Association of Indiana (BIAI) in the updating, publishing

and printing of a new resource directory for individuals with traumatic brain injury. IPAS will also partner with the BIAI in re-establishing an infrastructure of traumatic brain injury services within Indiana, based upon identification of gaps that currently exist.

IPAS will develop outreach materials and provide these to various entities serving individuals with traumatic brain injury including school systems, Indiana Vocational Rehabilitation Services, and rehabilitation facilities, as well as consumers and their families.

## BY THE NUMBERS (CONT.)

Other orthopedic impairments .....	58
Other neurological disorders.....	7
Other respiratory disorders .....	1
Speech impairments.....	1
Spina bifida.....	3
Tourette syndrome .....	1
Traumatic brain injury .....	11
All other disabilities.....	7
Disability unknown.....	2

## LIVING ARRANGEMENTS

Board and care .....	9
Community residential home	
– Large .....	42
– Small (includes waived home and supervised apartment) .....	51
Foster care.....	6
Homeless.....	2
Independent.....	111

Municipal detention/jail and prison.....	21
Nursing Home.....	13
Parental or other family home .....	288
Private treatment center .....	4
Psych unit of general hospital.....	6
Public institution.....	141
School – private .....	1
School – public .....	3

# Across the Agency

## OLMSTEAD COMPLIANCE

In 2003, IPAS worked to increase the state's compliance with the American's with Disabilities Act in relation to the "Olmstead" decision.

In July 1999, the Supreme Court issued the *Olmstead v. L. C.* decision. The Court's decision in that case clearly challenges federal, state, and local governments to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services.

IPAS met with the Governor's Commission on Community and Home-Based Services to discuss Indiana's community integration efforts.

The Home and Community-Based Services Commission's primary purpose was to develop short and long-term strat-

egies to create or expand community options for persons at risk of being institutionalized, or for those currently in a nursing home or other institutional setting within Indiana's long-term care service delivery system.

At the last meeting the Commission examined and evaluated progress on both the short and long-term recommendations.

The Commission accomplished its work with the assistance of five special task forces that were assigned specific policy issues and a Consumer Advisory Committee.

Despite the activity and the level of progress, Indiana continues to remain significantly behind most other states in re-focusing its scarce resources on more desirable, less costly community-based service delivery options.

## HIPAA COULD AFFECT IPAS SERVICES

IPAS Executive and Legal Directors spent a substantial amount of time in dealing with the final implementation of the Health Insurance Portability and Accountability Act (HIPAA).

The IPAS Legal Director wrote a detailed letter to Katherine Gregory, Deputy General Counsel of Family and Social Services Administration (FSSA), regarding the access of Protection and Advocacy to patient records.

FSSA had taken the position that the HIPAA overrules IPAS access to records under I.C. 16-39-2-6. IPAS disagreed with this position, and the Executive Director and the Legal Director attended a meeting with representatives of Department of Mental Health and Developmental Disabilities and Rehabilitation Services on April 9, 2003.

The meeting brought about some tentative agreements about IPAS access to state facilities records. It was agreed that HIPAA should not fundamentally change the current IPAS level of access to patient information. FSSA representatives developed a form for IPAS Advocacy Specialists to sign when needing to access patient records. Subsequent to this meeting, IPAS staff had observed and experienced an inconsistent reaction from the state regarding its response to HIPAA.

Following that meeting, it became clear that FSSA tried to use this new federal law to regulate IPAS access to facilities. There have been a series of policy positions by FSSA regarding IPAS involvement in matters that lead us to this conclusion. IPAS has never been approached to directly discuss any of these, and IPAS also has never been provided copies.

The FSSA position was that IPAS either needed a written release or probable cause to believe there has been an incident of abuse or neglect to access records. There is ample litigation to show that IPAS does have access to patients, regardless of whether we access records. In the past, IPAS has participated on patient rights committees to voice our concern regarding patient rights in relation to proposed treatment. The FSSA legal counsel had instructed all facilities that unless they are discussing a patient for whom they have a release allowing us access to records, the IPAS advocacy specialist had to leave the room.

IPAS access was denied even when they allowed lay community members to remain for discussion, for which they had no release. An interesting sidelight to this is the fact IPAS helped FSSA develop these committees in the 1980s. Subsequently, the issue regarding IPAS participation has been resolved. FSSA has invited IPAS advocacy specialists back to continue participation as advisory members.

# Relationships with other Agencies

RELATIONS WITH OTHER AGENCIES ARE ENHANCED BY IPAS PARTICIPATION ON MULTIPLE INTER-AGENCY COMMITTEES, COUNCILS AND TASK FORCES. THE FOLLOWING IS A SAMPLE OF IPAS INTER-AGENCY PARTICIPATION AND COOPERATIVE EFFORTS:

- ARC of Indiana
- Indiana Institute for Disability and Community
- COVOH
- Governor's Council for People with Disabilities
- Count Us In
- Partners in Policymaking
- Governor Kernan's Office
- Indiana Secretary of State Rokita's Office
- Indiana Coalition Against Sexual Assault
- Indiana Department of Corrections
- IN Society of Health Risk Managers
- RISE Learning Center
- Partners in Justice Indiana Team
- The Governor's Commission on Home and Community-Based Services
- Family and Social Services Administration
- Social Security Administration
- Developmental Disabilities Residential Facilities Council
- Southeast Regional Services Center (SERSC)
  - Quality Assurance Team
  - Transition Council
  - Community Capacity Building Team
- Bureau of Developmental Disabilities Services (BDDS) Advocates Group
- Muscatatuck State Developmental Center (MSDC) Human Rights Committee
- Fort Wayne State Developmental Center Human Rights Committee
- Logansport State Hospital Human Rights Committee
- Evansville State Hospital Human Rights Committee
- Richmond State Hospital Human Rights Committee
- Evansville Psychiatric Children's Center Human Rights Committee
- LaRue Carter State Hospital Human Rights Committee
- Madison State Hospital Human Rights Committee
- Fort Wayne NAMI
- Indianapolis Chapter of NAMI
- State Rehabilitation Commission
- Brain Injury Foundation of Indiana
- Muscatatuck/Madison Regional Steering Committee
- Mental Health Consortium
- Mental Health Association in Indiana (MHAI)/Policy Committee
- Mental Health Association in Marion County (MHAMC)
- Adult Guardianship Committee
- Indiana Association for the Education of Young Children
- Housing Opportunities for People With AIDS
- Fort Wayne School Corporation Community Transition Team
- Indiana Association of Rehabilitation Facilities
- American Business Woman's Association
- Assistive Technology Standards Group
- Quinco Consulting
- Miami Nation of Indians
- Hispanic Center
- Indiana's Amish Community
- Spinal Cord Injury Support Group
- Center for Behavioral Health
- SW Indiana Comprehensive Mental Health Center
- Indiana Public Defender Council
- Wheeler Mission
- Parkinson's Foundation Support Group
- First Steps
- KEY Consumers

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IPAS would like to thank all of these organizations for their continued support. Our ability to meet our mission to provide protection and advocacy is enhanced by partnerships and collaboration.



## PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY

# PAAT 2003 Annual Report Highlights

The Protection and Advocacy for Assistive Technology (PAAT) Program is a federal grant program established under the Assistive Technology Act of 1998. Designed to promote the provision of assistive technology and services through systemic reform, PAAT has the authority to litigate class action issues and negotiate compliance with federal law. PAAT is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

## IPAS AND THE HELP AMERICA VOTE ACT

IPAS staff will play a significant role in implementing the Help America Vote Act in Indiana. This federal act will ensure equal access to the electoral process for individuals with disabilities. Through this act, polling places will be accessible, and accessible voting machines will be available at polling places throughout the country. These new machines will enable individuals with certain sensory losses to be able to cast a confidential ballot, often for the first time in their lives. IPAS will participate on the state-level committee that will oversee the implementation of this significant disability rights law in Indiana.

## PUBLIC LAW 28-2003 MANDATES PURCHASES OF ACCESSIBLE TECHNOLOGY

IPAS staff has long participated on the Assistive Technology Oversight Commission, which has undertaken the task of developing standards to ensure that the state is in compliance with Section 508 of the Rehabilitation Act. Section 508 requires that all state agencies make all information technology including Web sites, publications and forms accessible to persons with disabilities.

A bill was presented to the state legislature, which mandates that all technology purchases and contracts of the executive, legislative, judicial and administrative branches of state and local governments must comply with the federal standards.

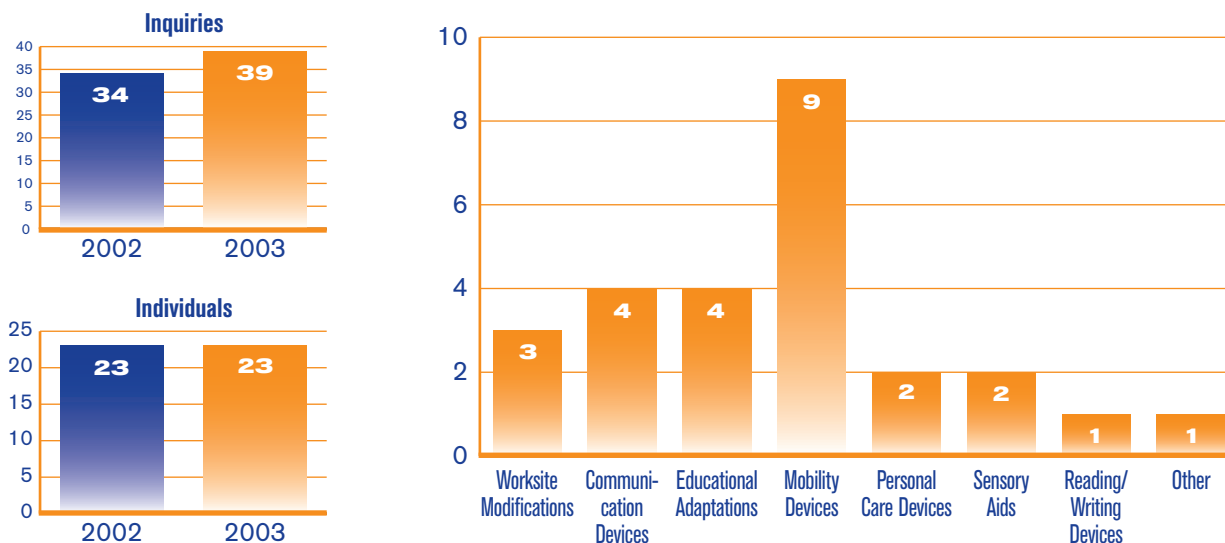
Public Law 28-2003 requires the state information technology oversight commission to adopt rules that conform to federal requirements for electronic and information technology accessibility; mandates that the rules apply to all technology purchases and contracts of the executive, legislative, judicial and administrative branches of state and local government, and expands the membership of a group that develops these state and local standards to include representatives of state and local government.

This bill expands Public Law 143, that ATTAIN, Inc., worked to pass in 2001, by requiring that additional agencies comply with the Federal Rehabilitation Act of 1998. This legislation would not require any agency to replace old equipment, but would require that new equipment purchases be compliant with the Section 508 accessibility standards. The Governor signed the bill into law in 2003. H.E.A. No. 1724.



## PAAT NUMBERS

The two charts on the left show the number of individuals represented and inquiries handled in 2002 and 2003. The chart on the right represents areas of concern in 2003.



REPRESENTATIVE CASE ILLUSTRATES PAAT'S FUNCTION

*\*The names in this case and all other cases have been changed to protect the anonymity of the client. These cases have been closed, but in many instances are followed up to ensure that the rulings and agreements are being honored.*

## IPAS ADVOCATES FOR POWER WHEELCHAIR THROUGH MEDICAID REQUEST

“Jim\*” is a three-year old child with spastic quadriplegia and cerebral palsy. Jim’s parents sought Medicaid funding for a power wheelchair for Jim to use while attending developmental preschool. The state Medicaid office denied his request, stating that a power wheelchair was not necessary for Jim’s use, reasoning instead that school staff could simply carry Jim from work station to work station, and out to the playground for recess. Prior to contacting IPAS, Jim’s mother had requested an administrative hearing to challenge the denial of the requested service. The Administrative Law Judge ruled in favor of the state Medicaid office, affirming their contention that Jim could be carried by staff whenever necessary.

Within 72 hours of being contacted by Jim’s mother, IPAS legal staff filed a Petition for Judicial Review of an Administrative Decision in the circuit court of Jim’s county of residence, requesting that the decision of the Administrative Law Judge be reversed.

Shortly thereafter, the Deputy Attorney General who had been assigned to represent the state Medicaid office in this matter contacted the IPAS attorney. She expressed her interest in settling this case, and stated that she planned to contact the state Medicaid office to ask them to review their decision to deny the requested service. IPAS provided the Deputy Attorney General with additional information regarding numerous other individuals, with conditions similar to Jim’s, some as young as 18 months, who had been successfully taught to operate power wheelchairs. One month later, the IPAS staff attorney received written notification that the state Medicaid office had reversed their earlier denial of the power wheelchair, and the approval had already been sent to our client. The power wheelchair was delivered to our client six weeks later.

## PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS

# PAIMI 2003 Annual Report Highlights

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program was created and funded by the Protection and Advocacy for Mentally Ill Individuals Act of 1986. PAIMI investigates abuse, neglect and rights violations of people who have mental illnesses, especially those in facilities. PAIMI is funded out of the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration, within the U.S. Department of Health and Human Services.

## PAIMI PUBLIC DEFENDER OUTREACH

IPAS disseminated 1,084 packets to the state's public defenders. Packets contained the "Primer for Public Defenders, Representing Individuals with Mental Illness," on diskette, as well as a cover letter from Executive Director, Tom Gallagher. The primer was an educational outreach effort for public defenders on the topic of mental illness.

## CRISIS INTERVENTION TEAM UPDATES

In 2003, IPAS was pleased to assist two regions in Indiana with Crisis Intervention Team (CIT) development. CIT is an alliance established to develop and implement safe, proactive and preventive methods of containing emotionally explosive situations that could lead to violence. IPAS supported, via training and manuals, both the Fort Wayne area and the newly developed program in Indianapolis.

The Indianapolis Chapter of the National Alliance for the Mentally Ill conducted their first Crisis Intervention Training in Indianapolis in June 2003. IPAS produced training manuals in its support of this effort. Thirty-one IPD officers, three Airport Police Authority officers, nine Marion County Sheriff Dept. officers, one officer from the Marion County Jail, two officers from the Noblesville Police Dept. and one officer from the Lafayette Police Dept. took the CIT training in Indianapolis.

Fifty manuals were made and delivered to Fort Wayne National Alliance for the Mentally Ill (NAMI) for the training. The Fort Wayne Police Department has had the CIT program in place for two years. Sixty-one of its 417 patrol officers have been trained as of 2003.

IPAS continues to support this effort. IPAS has offered to help in the development of future training materials if needed.

## HUMAN RIGHTS CONFERENCE

IPAS hosted the first annual statewide human rights committee conference. IPAS worked with the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) to present this statewide conference.

The conference, called 2003 Human Rights Committee Conference, was held June 11, 2003, at the Omni North Hotel, Indianapolis. The total number of registrants in attendance was 79.

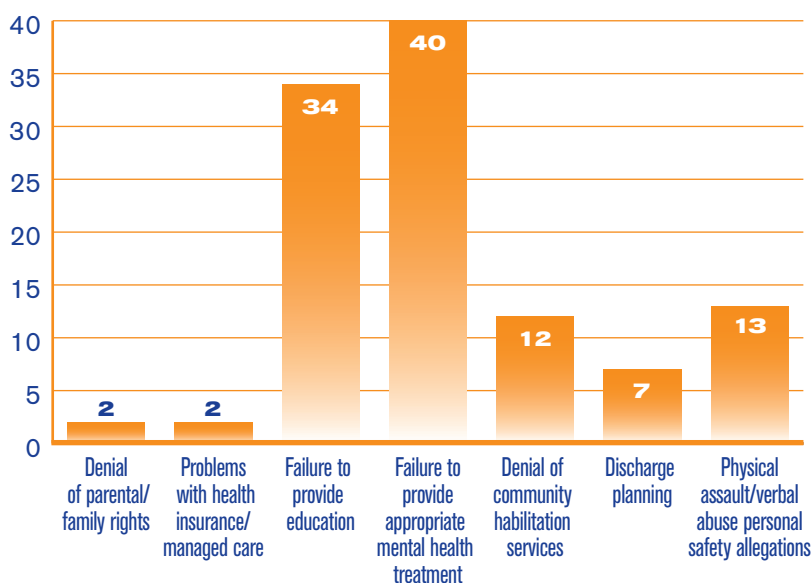
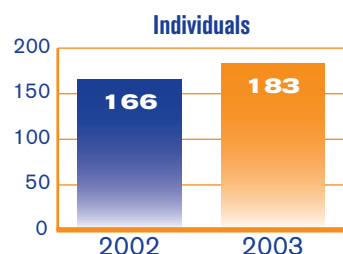
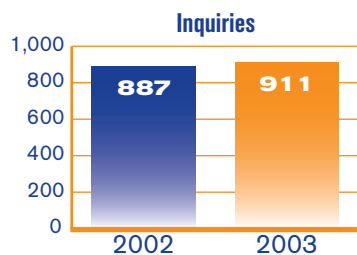
Objectives of this conference included:

1. Identify key issues for compliance with JCAHO's patient safety standards.
2. Discuss JCAHO's 2003 National Patient Safety Goals.
3. Describe practical strategies for error prevention in restraint and seclusion in creating a culture of safety.
4. Identify common organizational barriers to patient safety improvements.
5. Describe leadership's role in creating a culture of safety.
6. Describe the steps for conducting a proactive risk assessment to avoid possible occurrence of an outcome of death to the population being served.
7. Discuss general rights for the mentally ill and developmentally disabled population.



## PAIMI NUMBERS

The two charts on the left show the number of individuals represented and inquiries handled in 2002 and 2003. The chart on the right represents areas of concern in 2003.



REPRESENTATIVE CASE ILLUSTRATES PAIMI'S FUNCTION

## IPAS ADVOCATES FOR NEW INDIVIDUALIZED EDUCATION PLAN AND HELPS STUDENT GET BACK TO CLASS

A mother contacted the agency requesting assistance to get her daughter back into school. Allegedly, the 14 year-old student, "Tammy" had been out of school for two months with no services. Upon review of the information, the IPAS advocacy specialist discovered that the precipitating incident involved the school contacting the police to have Tammy removed on allegations of assault and battery during one of her outbursts at the school's office. While the school did hold a case conference, it was 40 days following the incident to discuss Tammy's individualized education plan (IEP). The school personnel refused to discuss the incident or services to address her behavioral needs. At that time, the parent requested that Tammy be transferred to another school in order to meet her needs and avoid the anxiety and embarrassment that she was facing as result of being arrested in front of her peers. With the school's refusal to address the behavior, the parent was advised to

contact IPAS for assistance. IPAS requested a new case conference to address the issues and lack of services and education for Tammy. The advocacy specialist raised concerns as to the school's lack of conducting a functional behavioral assessment as well as developing an appropriate behavioral plan. Additionally, the advocacy specialist expressed a concern as to the school's failure to accurately document the child's absence. Rather it appeared that the school personnel were attempting to circumvent the law by falsifying the records that she was attending school. At the case conference (attended by the advocacy specialist) a new individualized educational plan was developed which provided for Tammy to transfer to a new school that contained another emotionally handicap program. The student completed the school year at the new school and without further incident.

## CLIENT ASSISTANCE PROGRAM

# CAP 2003 Annual Report Highlights

The Client Assistance Program (CAP) is a federal formula grant program established under Section 112 of the Rehabilitation Act to assist clients or applicants in their relationships with programs, such as the Division of Vocational Rehabilitation Services, the Division of Blind Services and Center for Independent Living. CAP is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services.

## ALTERNATIVE DISPUTE RESOLUTION

Some Vocational Rehabilitation Services (VRS) offices do not inform clients regarding the option of their right to seek mediation prior to administration hearing. IPAS, through its CAP program, was able to convince both our client and the VRS staff to participate in alternative dispute resolution on no fewer than 45 occasions. The IPAS staff provides counsel to individuals in regard to their ability to request mediation services first, prior to the hearing. IPAS has been able to resolve nearly all 45 cases at the level of informal negotiation or mediation, when the client had requested or was considering requesting a formal administrative hearing. The majority of formal administrative hearings occurred in Indiana because the counselor or supervisor in the local VRS office refused to agree to mediation or informal negotiation.

It is interesting to note that the IPAS staff prevailed in all of their hearings in the past year with the exception of one case. The IPAS staff prepared for those hearings thoroughly by reviewing administrative decisions and the Federal Rehabilitation Act of 1973.

## ORDER OF SELECTION

VRS is in the process of preparing for the possibility of order of selection (OOS) due to insufficient resources. An order of selection means that individuals with the most significant disabilities are selected first for the provision of vocational rehabilitation services.

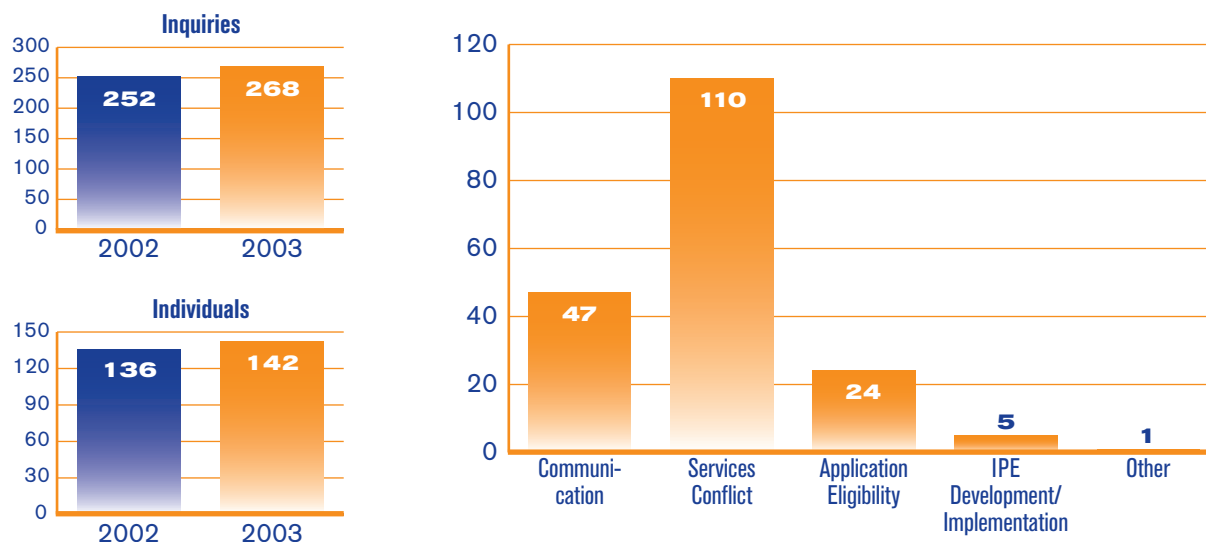
Vocational Rehabilitation Services is also rewriting their policy and procedure manual. IPAS provided comments on all proposed changes. Under the proposed OOS policy, IPAS questioned the definitions of “most significantly,” “significantly,” and “least significantly” disabled individuals based upon the number of “unaccommodated and uncorrected” functional capacities. IPAS also questioned the criteria to be used for determining that an eligible individual was someone who required VRS for “nine months or longer.”

IPAS expressed concern over the lack of specificity regarding the required information and referral service that VRS is now required to offer under OOS. IPAS also reviewed and made comments regarding several other proposed changes in the Policy and Procedure Manual.

IPAS continues to attend and provide input at all Indiana State Rehabilitation Commission meetings with a special meeting having been held in September 2003 regarding the proposed order of selection. IPAS representatives also attended four of the six public hearings regarding the proposed changes in all VRS policies and procedures providing input as well as listening to the concerns of other disability groups, as well as individuals with disabilities. The IPAS Assistant Director continues to be a co-chairperson of the Indiana State Rehabilitation Commission Policy and Procedure Subcommittee.

## CAP NUMBERS

The two charts on the left show the number of individuals represented and inquiries handled in 2002 and 2003. The chart on the right represents areas of concern in 2003.



REPRESENTATIVE CASE ILLUSTRATES CAP'S FUNCTION

## IPAS ADVOCATES FOR COMPUTER AND SOFTWARE TRAINING TO ACHIEVE INDIVIDUAL PLAN OF EMPLOYMENT

“Annie,” an individual with blindness, contacted IPAS requesting assistance with her individual plan of employment (IPE) through Vocational Rehabilitation Services (VRS). Annie’s VRS counselor had originally promised her the supports of a computer, software, and training in its use. Subsequently, he refused to provide her with these supports unless she submitted a business plan as well as a loan application (in spite of the fact that Annie had actually been providing computer training to other VRS customers referred to her by her VR counselor).

The IPAS advocacy specialist spoke with the VRS counselor who agreed to provide Annie with the computer but not the training and additional software. A review of Annie’s IPE revealed that it did not contain the goal of individual business/computer trainer but rather “home-

maker.” The advocacy specialist met on several occasions with Annie and her VRS counselor to correct and finalize the IPE. The VRS counselor claimed to lack an awareness of Annie’s vocational goal of self-employment and needed supports. The advocacy specialist assisted Annie in having her VRS case moved to a different office and assigned to a new VRS counselor since she no longer trusted the current counselor.

IPAS assisted Annie in bringing her new VRS counselor “up to speed” in regards to her career goal of self-employment and needed supports, i.e. appropriately repaired computer, software, computer classes, etc. With the implementation of a new IPE, Annie is now receiving the training that will enable her to meet the goal of being a computer trainer for other individuals with disabilities.

## PROTECTION AND ADVOCACY FOR BENEFICIARIES OF SOCIAL SECURITY

# PABSS 2003 Annual Report Highlights

The Protection and Advocacy for Beneficiaries of Social Security (PABSS) Program was established under the Ticket to Work and Work Incentives Improvement Act of 1999. The role PABSS is to provide advocacy to beneficiaries of Social Security who have problems obtaining maintaining and retaining employment. PABSS is funded by the Social Security Administration.

## PABSS OUTREACH HIGHLIGHTS

IPAS, through its PABSS program, provided information and referral to Social Security beneficiaries with disabilities about work incentives and employment. This information includes types of services and assistance that may be available to assist them in securing or regaining gainful employment, particularly services and assistance available through employment networks under the Ticket to Work and Self-Sufficiency Program.

Outreach about PABSS was conducted with 953 individuals this past quarter. IPAS staff assisted in three of five regional trainings in the state of Indiana sponsored by the Social Security Administration providing outreach to 223 individuals. IPAS staff continue to provide the local Vocational Rehabilitation Services (VRS) offices with PABSS and Ticket to Work training.

IPAS provided service to 33 individuals in 2003. Information was given concerning Ticket to Work; benefits planning, assistance and outreach services; and employment networks operating in Indiana.

## TICKET TO WORK UPDATE FOR INDIANA

Indiana Social Security beneficiaries began receiving "Tickets" for the Social Security Administration in November 2002. This ticket allows the beneficiary to choose rehabilitation and related services from any approved employment network in the state of Indiana. Under the Ticket to Work Act the beneficiary's cash benefits are protected for up to 60 months during this process of receiving training for and placement into employment. The intent of the Ticket to Work program is to:

- Expand the universe of service providers ability to serve individuals entitled to SSI and SSDI benefits
- Expand the availability of healthcare services and medical coverage

- Eliminate work disincentives
- Provide enhanced benefits planning and assistance from service providers

To date, 29 employment networks have been approved in the state of Indiana to provide services under the Ticket to Work Program. Nationwide, 22,183 Tickets have been assigned with 19,592 of those being assigned to state Vocational Rehabilitation agencies. In Indiana, 110 Tickets have been assigned and 78 of those have been assigned to Vocational Rehabilitation Services. This number is low when compared to other states in the nation. IPAS has met with the VRS Deputy Director regarding shared concerns in regard to the low percentage of Tickets assigned in Indiana.

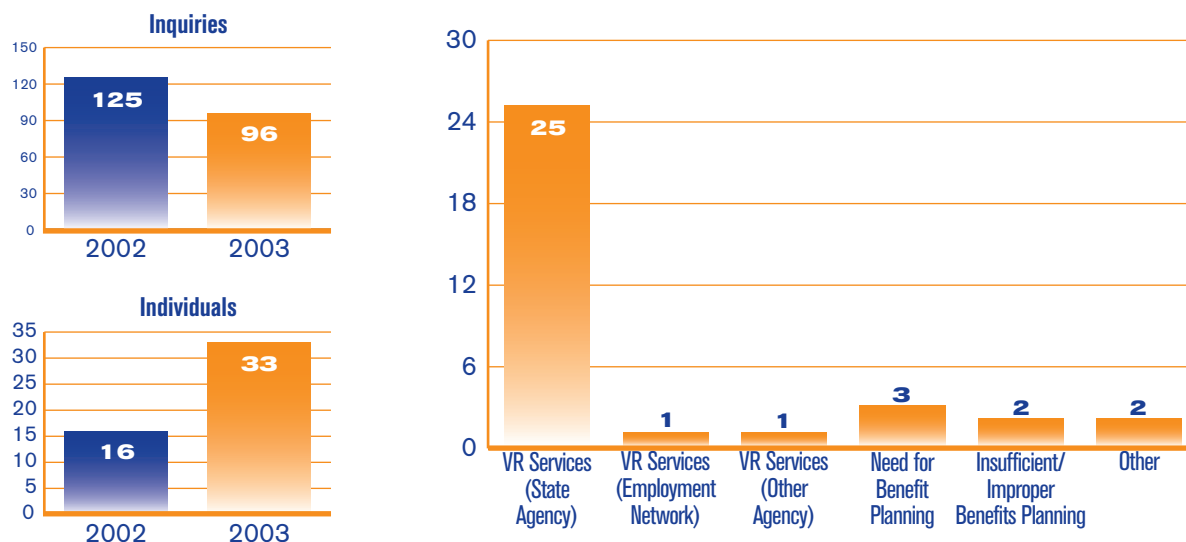
Further discussion will center on retraining of VRS staff and rehabilitation providers in terms of the Ticket to Work Program.

IPAS will be assisting beneficiaries with issues or concerns that arise during their involvement with the chosen employment network.

IPAS provides Social Security beneficiaries with intake and referral services, technical assistance, advocacy, education, and legal support services.

## PABSS NUMBERS

The two charts on the left show the number of individuals represented and inquiries handled in 2002 and 2003. The chart on the right represents areas of concern in 2003.



REPRESENTATIVE CASE ILLUSTRATES PABSS'S FUNCTION

## IPAS ADVOCATES FOR SMALL BUSINESS START-UP

“Larry” contacted IPAS regarding a lengthy delay in the start-up of his approved small business plan by the local Vocational Rehabilitation Services (VRS) office. Larry’s business plan had been approved in 2002 but VRS had not followed through with the necessary supports. Further, VRS requires the customer to provide 25 percent of all start-up funds for a small business. Larry had told his counselor from the very beginning that he would not have cash for this but would need to include items such as “sweat equity” to meet this requirement. VRS’ position was that only “cash” would be accepted toward the 25

percent start-up requirement. The IPAS advocacy specialist spoke with Larry’s counselor and asked him if he had provided Larry with information in regards to work incentives and small business administration loans that could possibly be utilized to meet the requirement. The VRS counselor had not provided this information to Larry but reassured IPAS that he would. Larry contacted IPAS one week after this conversation to report that all of his issues including the 25 percent start-up requirement had been resolved with VRS. Larry can now move ahead on getting his personal business actually “in business.”

## PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

# PAIR 2003 Annual Report Highlights

The Protection and Advocacy of Individual Rights (PAIR) Program is a federal formula grant program established under Section 509 of the Rehabilitation Act to promote the legal and human rights of people with disabilities. PAIR also addresses systemic reform issues to promote compliance with Americans with Disabilities Act. PAIR is funded out of the U.S. Department of Education, Office of Special Education and Rehabilitation Services Administration.

## PAIR PROVIDES EDUCATION ON VISITABILITY

In 2003, IPAS was able to provide information, and education to the state legislature's Committee on Commerce and Consumer Affairs regarding housing issues that affect individuals with disabilities outlined in Public Law 112-2003.

Public Law 112-2003 addresses visitability standards in building codes; requires the fire prevention and building safety commission to adopt standards by rule regarding visitability features in new construction of dwellings; provides that if a person contracts with a designer or a builder to construct a visitability feature in new construction, the designer and the builder must comply with these standards adopted by the commission.

Standards now exist for building a visitable home. The standards are for builders, individuals with disabilities, and individuals who have a family member with a disability or anticipate the need for the features in the future as they "age in place." This legislation would not require home buyers to incorporate these features, but it would protect their rights and assist in communication with their builder if they requested a visitable home by setting the minimum standard.

Visitability also assists with the sale and resale of homes. Visitable housing is not fully accessible because visitability features are usually limited to the first floor of the residence. The bill was signed into law in 2003. S.E.A. No. 354

## BASIC VISITABILITY STANDARDS SHOULD INCLUDE:

- Widened doorways and corridors, and a bathroom on the first floor of the home.
- A zero-step entrance.
- Electrical outlets that are higher than usual.
- Environmental controls that are lower than usual.
- Grade specifications of interior.

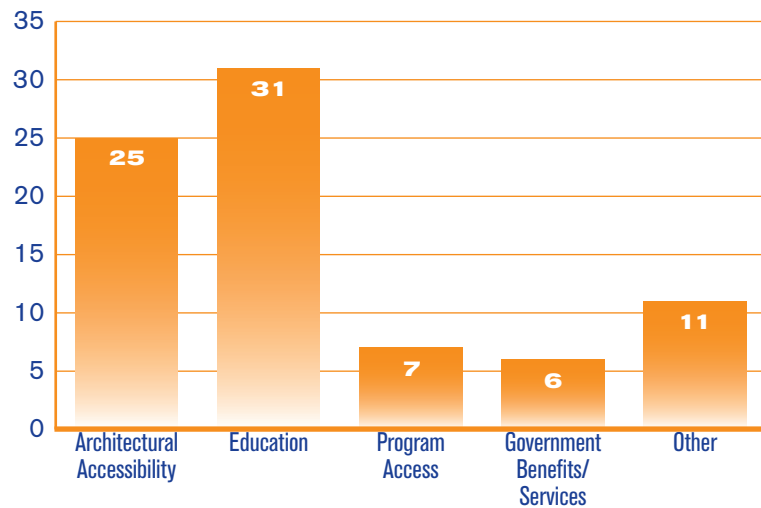
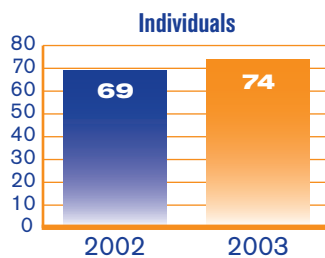
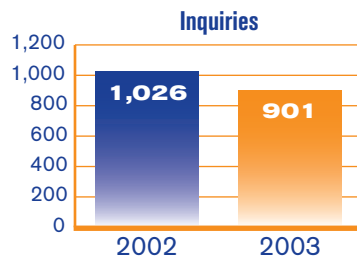
## PAIR AND HOUSING OUTREACH

IPAS participated in and co-sponsored the Fair Housing Summit in April 2003, as well as the Affordable Housing Conference in the fall of 2003.



## PAIR NUMBERS

The two charts on the left show the number of individuals represented and inquiries handled in 2002 and 2003. The chart on the right represents areas of concern in 2003.



REPRESENTATIVE CASE ILLUSTRATES PAIR'S FUNCTION

## IPAS ADVOCATES FOR UPDATED INDIVIDUALIZED EDUCATION PLAN AND REVERSES EXPULSION

“Lisa” is a 15 year old student with a diagnosis of Emotional Handicap/Non-Verbal Learning Disability. Lisa’s mother contacted IPAS in May of 2003 after the school accused Lisa of having alcohol on school property and suspended her with the intention of expelling her should the behavior be determined not to be a manifestation of her disability. The police were also notified and investigated the incident. IPAS agreed to attend the manifestation case conference.

Initially, Lisa admitted to bringing the alcohol onto school property. Upon further investigation, it was determined that Lisa did not bring alcohol onto the premises. Although Lisa is normally supervised going to and from school, that particular day she walked to school alone. She met up with a male friend who had the alcohol with him. She drank some of the alcohol with the friend in an alley near the school. School personnel smelled the alcohol once Lisa arrived at school and sent Lisa home.

When the school questioned Lisa about the incident, she took the blame, as she believed that the friend’s father was abusive and the friend would be hurt if he were to get in trouble over the alcohol. Lisa later admitted to what really happened. Lisa’s counselor stated in a letter to the case conference committee that Lisa’s behavior was a result of her disability and recommended that Lisa not be expelled. At the case conference Lisa’s mother, the IPAS advocacy specialist and the school discussed the need for constant supervision. The case conference committee agreed that Lisa’s actions were a manifestation of her disability and decided that Lisa should return to school. Further the committee agreed that Lisa required an amended individualized education plan and behavioral intervention plan. Lisa was allowed to return to school the day after the case conference. She is now receiving more appropriate services and supports. As a result, Lisa was able to complete the school year and will have new services and supports in place beginning the new school year.

## PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

# PADD 2003 Annual Report Highlights

The Protection and Advocacy for Individuals with Developmental Disabilities (PADD) Program was established under Sections 141-145 of the Developmental Disabilities Assistance Bill of Rights Act. PADD's role is to ensure that people with Developmental Disabilities and their families participate in the design of and have access to needed community services, individualized supports and other forms of assistance. PADD is funded out of the Administration of Children and Families (ACF), and the Administration of Developmental Disabilities (ADD) within the U.S. Department of Health and Human Services.

## PADD AND THE DD NETWORK

IPAS, through its PADD program, partners with the Indiana Institute on Disability and Community, Indiana Governor's Council for People with Disabilities, and the Administration on Developmental Disabilities to form the Developmental Disabilities (DD) Network. These agencies combined forces to serve as advocates for individuals with disabilities by protecting, promoting and empowering our fellow Hoosiers. In 2003, the DD Network collaborated to present the State Transition Conference and will work to provide more protection and advocacy events in the future. For more information on the DD Network, see the next issue of IMPACT.

## PARTNERS IN JUSTICE IV CONFERENCE

In 2003 a team from Indiana participated in the Partners in Justice IV Conference in Philadelphia. The working conference is designed to assist states to develop a statewide plan to address inequities experienced by individuals with disabilities in the criminal justice system. As part of the plan, IPAS will educate law enforcement, prosecutors, public defenders and judges on the rights of people with disabilities.

## STATE TRANSITION CONFERENCE

IPAS staff collaborated with the Indiana Institute for Disability and Community to present a statewide conference about Transition. The 2003 Indiana Statewide Transition Conference was held in Indianapolis in August 2003. IPAS partnered with the Institute on Disability and Community, Governor's Planning Council for People with Disabilities, and various other service organizations in Indiana to produce this conference.

IPAS was a sponsor, and staff presented on "What to Do When Things Aren't Working," (e.g., appeals process, negotiation, and mediation). IPAS staff also facilitated a roundtable discussion on the Ticket to Work Legislation/Program as well as services provided by IPAS.

Of the number in attendance many disciplines were represented and 15 percent of the total number in attendance represented youth and parents.

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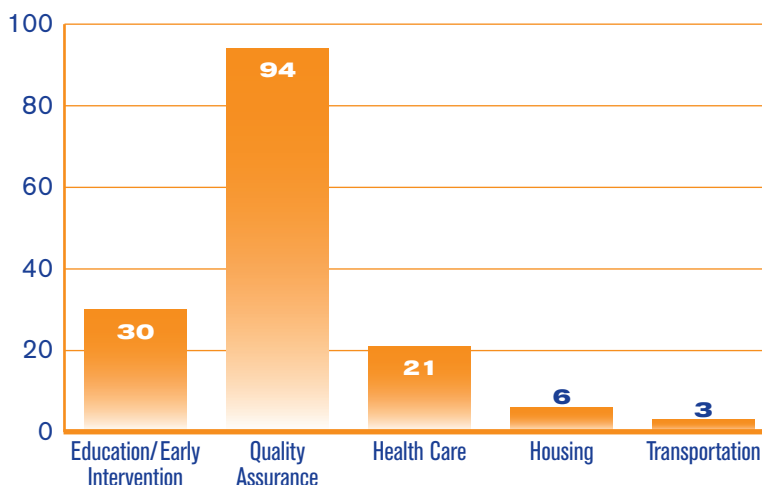
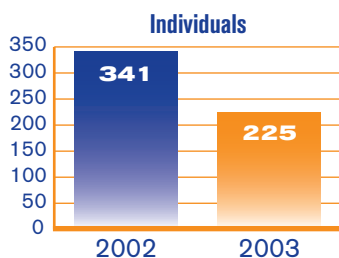
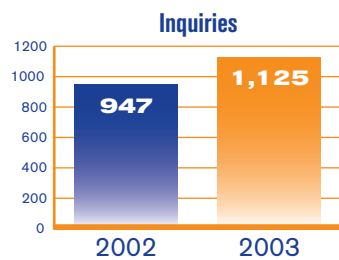
IPAS staff attended meetings of the Southeast Regional Services Center Transition Council. Two Transition Council meetings were attended, firmly establishing IPAS as a resource to the Council to assist with development of Council activities. Two separate providers from that region made Council presentations for assessment and evaluation of the scope of services available and identification of gaps in the service continuum.

## IPAS ASSISTED ONE OR MORE PERSONS IN EXERCISING THEIR RIGHTS REGARDING THE FOLLOWING:

- Client choice for change of provider.
- Physical abuse due to inappropriate restraint.
- Financial exploitation.
- Staff training to respond appropriately to client seizures.
- Lease termination with minimal financial consequences.
- Medicaid Waiver for transportation costs.
- Community capacity through collaborative efforts with other agencies.
- Client choice as well as appropriate discharge planning and placement in the least restrictive environment.
- Reasonable client accommodations.
- Family home placements with appropriate services.
- Improved communication for residential provider and other members of client's Individual Support Plan Team.
- Clients receiving and/or maintaining appropriate treatment and/or case management services.
- Clients securing information regarding their rights and self-advocacy.
- Clients being able to self-advocate.

## PADD NUMBERS

The two charts on the left show the number of individuals represented and inquiries handled in 2002 and 2003. The chart on the right represents areas of concern in 2003.



**IPAS**

**CASE FILES**

REPRESENTATIVE CASE ILLUSTRATES PADD'S FUNCTION

## IPAS ADVOCATES FOR NEW LIVING ARRANGEMENTS AND FULL-DAY EDUCATION

“Karen” contacted IPAS when she was denied residential waiver services. After initial review and fact-finding, IPAS determined that her current group home placement was restrictive. The first appeal was in the client’s favor. The appeal was then denied at the next level, which is the state Division of Disabilities, Aging, and Rehabilitation Services (DDARS). Karen’s decision was successfully appealed by IPAS. The result of their effort was that the client left the group home and moved to the new community. Karen is in her own home now and a person participating to the fullest extent possible in community life.

In another case, parent of an 11-year-old with autism, “Jason,” contacted IPAS because Jason was not allowed to attend full days at his school. The school had also encouraged the parent to consider residential placement. IPAS attended a case conference and requested additional testing. Jason’s individualized education plan (IEP) and services were changed to meet his needs indicated by testing. Jason’s physician also prescribed medication for behavioral problems. Because of changes in his IEP and medication Jason was able to return to full-day program.

## PROTECTION AND ADVOCACY FOR VOTING ACCESSIBILITY

# PAVA 2003 Annual Report

## **VOTE AS IF YOUR LIFE DEPENDS ON IT, BECAUSE IT DOES – JUSTIN DART, IPAS**

The Help America Vote Act (HAVA) was signed into law in 2002. It provides funding to states to add safeguards to the election process to guarantee the rights of eligible persons to vote and to combat election fraud. IPAS staff, through its newly-formed PAVA program, is working to advocate for the rights of people with disabilities in regard to HAVA.

Secretary of State Todd Rokita developed the “Vote Indiana Team” to create a statewide plan for implementation of the Help America Vote Act of 2002. This advisory group, which is composed of a diverse group representing many voting communities, will work to formulate a comprehensive plan to make Indiana elections compliant with the federal act and to bring over \$80 million to Indiana if Congress fully funds the Act.

The role of IPAS and the Vote Indiana Team is to “ensure the full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling places.” IPAS will be represented at the Vote Indiana Team Meetings as either an interested party or an advisory member to the team.

## **VOTE INDIANA TEAM OVERVIEW**

**Mission** — The mission Secretary Rokita outlined for the team is not just to create a compliant document, but also to continue Indiana’s leadership in election reform.

**Members** — Members of the Vote Indiana Team came from the entire state of Indiana and represent a wide range of interests. Represented on the team are state and county election administrators, including Secretary Rokita, Indiana Election Division co-directors, County Clerks, and County Voter Registration officials; racial and ethnic minorities; disability groups; the state Democratic, Libertarian, and Republican parties; state legislators; the Governor’s office; the military; media; county administration; and the League of Women Voters. Sarah Taylor, former Marion County Clerk, facilitates the Team.

**Working groups** — The work of the Vote Indiana Team was done primarily in breakout groups, each addressing

a specific topic. Each member was assigned to one or two voting groups, with Secretary Rokita working with and offering insight to each group. Public comment was encouraged and welcomed at the end of each working group meeting. In 2003, legislation was passed to bring Indiana into compliance with the Help America Vote Act and specifically address accessible voting.

## **PUBLIC LAW 209–2003**

Requires each county election board to conduct training and educational meetings for precinct election officers; requires the meeting to include information related to making polling places and voting systems accessible to elderly voters; requires voting systems to meet accessibility requirements no later than January 1, 2006; requires the circuit court clerk, rather than the county executive, to designate polling places unless the county adopts an ordinance to the contrary.

After the 2000 elections it was estimated that more than 21 million voting-age people with disabilities did not cast a ballot. A recent Harris Poll survey found that about 40 percent of people with disabilities voted in the November 2000 election, compared with the national average of 51 percent. Poll accessibility and poll worker training are keys to a larger turnout of voters with disabilities. The bill was signed into law in 2003. S.E.A. No. 477.

## **PAVA HIGHLIGHTS FOR 2003**

In October 2003, in compliance with the Help America Vote Act (HAVA), funds were appropriated to the Protection and Advocacy System to ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling places. Amounts appropriated under the federal Help America Vote Act shall remain available until expended.

**Help America Vote Act training**—On March 31, IPAS Executive Staff participated in training regarding the Help America Vote Act (via teleconference). The presenters suggested that the three critical areas of emphasis, as states develop plans and legislation, should be provisional balloting, purchase of accessible machines and development of the complaint process.

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\*Gubernatorial appointment

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**CATHY WINGARD**  
ADVOCACY SPECIALIST

**MEMBER RECRUITMENT**

IPAS is always looking for new Commission and Advisory Council members to help serve the needs of individuals with disabilities. Commission members must have a commitment toward promoting the legal and civil rights of persons with developmental disabilities, mental illness or other disabilities, and to the cause of protecting and promoting those individuals' rights to make their own personal choices.

The IPAS Commission consists of 13 members. The Governor appoints four. The remainder are appointed by majority vote of the membership. Commission members serve three-year terms.

The Mental Health Advisory Council consists of 10 members appointed by the Governor, to serve a non-renewable four-year term.



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